DOCUMENT RESUME

ED 321 912 PS 019 065

AUTHOR Eheart, Brenda Krause; Leavitt, Robin Lynn
TITLE Family Day Care: Discrepancies between Intended and Observed Caregiving Practices.
INSTITUTION ERIC Clearinghouse on Elementary and Early Childhood Education, Urbana, Ill.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.; Spencer Foundation, Chicago, Ill.
PUB DATE 89
CONTRACT RI88-062012
GRANT 1-5-37217
NOTE 21p.
PUB TYPE Journal Articles (080) -- Information Analyses - ERIC Information Analysis Products (071)
JOURNAL CIT Early Childhood Research Quarterly; v4 n1 p145-62 Mar 1989

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Certification; *Child Caregivers; *Classroom Environment; Early Childhood Education; *Educational Practices; *Etiology; *Family Day Care; Individual Development; *Intention; Interviews; Observation; Research Needs; Teacher Education
IDENTIFIERS Interpretive Research; Symbolic Interactionism

ABSTRACT

The purpose of this two-phase study, guided by the theory and method of interpretive interactionism, is to describe how family day care providers perceive and implement their caregiving intentions and practices. In phase 1 of the study, data were obtained from interviews with 31 providers and in phase 2, observations of 6 providers over a 10-month period were carried out in the providers' homes. The paper focuses on providers' responses to questions concerning their responsibilities to children in their care, the kinds of experiences they want children to have while in their care, and a typical day in their home care environment. Findings revealed that what family day care providers intended to provide for children, namely, a loving, attentive, play-filled environment, was rarely realized in practice. Incidents reflecting a non-nurturing environment were repeatedly observed. Play in the day care homes primarily amounted to allowing children to run around and do what they pleased under the provider's supervision. It is suggested that these discrepancies may be due to the differences in interpretations that providers and researchers place on various words, phrases, and behaviors. Discrepancies may also be due to aspects of group composition, such as group size, consistency of the group, and relationship of children to provider. Recommendations for training and research are offered, and implications for children's development and family day care licensing are discussed. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED321912

FAMILY DAY CARE: DISCREPANCIES BETWEEN INTENDED AND OBSERVED CAREGIVING PRACTICES

Brenda Krause Eheart
Robin Lynn Leavitt

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Brenda Krause Eheart
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 019065

ERIC Clearinghouse on Elementary and Early Childhood Education
University of Illinois
805 West Pennsylvania
Urbana, IL 61801

BEST COPY AVAILABLE

Published in ***Early Childhood Research Quarterly***, March 1989, Volume 4, Number 1.

This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under Contract No. OERI 88-062012. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education.

Early Childhood Research Quarterly, 4, 145–162 (1989)

Family Day Care: Discrepancies Between Intended and Observed Caregiving Practices

Brenda Krause Eheart
Robin Lynn Leavitt
University of Illinois at Urbana–Champaign

The purpose of this two-phase study, guided by the theory and method of interpretive interactionism, is to describe how family day care providers perceive and implement their caregiving practices. In phase I, 31 providers were interviewed and asked to describe their daily activities and caregiving responsibilities. In phase II, 6 providers were observed in their homes over a 10-month period. This study revealed that what family day care providers intended to provide for children—a loving, attentive, play-filled environment—did not consistently happen in practice. We suggest that this discrepancy may be due to the differences in interpretations that providers and researchers have for various words, phrases, and behaviors. It may also be due to aspects of group composition (i.e., group size, consistency of group, and relationship of children to provider). Recommendations for training and research are presented, and implications for children's development and family day care licensing are discussed.

Traditionally, mothers have been the primary caregivers of their infants and toddlers. This is no longer true. In a recent report on infant and toddler child care, the Ad Hoc Day Care Coalition (1985) predicts that by the year 2000, four out of every five American infants under the age of one year will have a mother in the labor force. If current trends persist, the majority of these infants will be cared for by family day care providers. The coalition reports that day care homes currently represent about 75% of the child care arrangements made for infants under one year of age and 50% of the arrangements for children under three years of age.

This research was supported in part by grant 1-5-37217 from the Spencer Foundation. We wish to acknowledge the research contributions of Martha Bauman Power and Peggy Holmes to this study, and we wish to thank Lilian Katz and Peter and Patricia Adler for their helpful suggestions regarding this paper.

Correspondence and requests for reprints should be sent to Brenda Krause Eheart, Children's Research Center, University of Illinois, 51 Gerty Drive, Champaign, IL 61820.

Clearly, family day care providers are playing an increasingly important role in infant and toddler care, yet very little is known about the day-to-day caregiving practices of these providers (Ad Hoc Day Care Coalition, 1985; Carew, 1980). To date, studies of family day care have provided primarily quantitative, observational data on the frequency or amount of time spent in various activities (e.g., Clarke-Stewart & Gruber, 1984; Divine-Hawkins, 1981; Espinosa, 1980). Recognizing the need for a greater understanding of children's ongoing experiences in day care, researchers are becoming interested in qualitative descriptive studies of day care (Belsky, 1984; Clarke-Stewart & Fein, 1983; Suransky, 1982). Caldwell and Freyer (1982) have specifically recognized this need in relation to infant day care. In a lengthy review of the research on infant care, they conclude that process-oriented, painstaking observational research that provides descriptions of what actually takes place in early child care environments is needed.

Similarly, Carew (1980) concluded from two longitudinal, observational studies of children at home and in day care centers that we need longitudinal, naturalistic studies of infants and toddlers to develop conceptual models of the relationships between caregiver characteristics, their perceptions of infants' and toddlers' development, and their behaviors towards these young children. To shed light on the nature of children's experiences in family day care, we conducted a two-phase, longitudinal study of family day care providers' ongoing daily practices with the infants and toddlers in their care.

THEORETICAL PERSPECTIVE

A framework that is particularly useful for describing and understanding the ongoing experiences in family day care is interpretive interactionism, developed by sociologist Norman K. Denzin (1988). Interpretive interactionism builds upon components of symbolic interactionism, phenomenology, and hermeneutics for both its theoretical and methodological perspective. The fundamental subject matter of interpretive investigations is the ongoing experiences of people in their everyday life-worlds. The researcher's task is to describe and interpret these experiences. Collection and interpretation of data are ongoing, inseparable, simultaneous processes. As Packer (1985) writes, the interpretive endeavor involves "a progressive uncovering and explication (which is, of course, never fully completed) of the researcher's practical understanding of what is being studied. This, in turn, involves becoming more aware of some of the interests, habits, and practices that form the background against which the phenomena appear and take form" (p. 1089). (For a thorough discussion of this theory and method see Denzin, 1988.)

We began this study with prior understandings—preliminary assumptions and knowledge about the phenomena under study. Our prior understandings of day care were based on our knowledge of and work in center-based pro-

grams, information obtained from an earlier telephone survey of day care home providers (Krause Eheart & Leavitt, 1986), and a review of the research literature on child care, specifically day care homes (e.g., Clarke-Stewart & Gruber, 1984; Emlen, 1980; Espinosa, 1980; Fosburg, 1981; Stallings & Porter, 1980; Tucker, 1980).

Obtaining detailed descriptions of caregivers' and children's everyday ongoing experiences required our immersion into the family day care environment. Thus we chose to use face-to-face, open-ended interviews and participant observation over an extended period of time. Collecting, recording, and interpreting data were often not distinct or autonomous tasks (see Glaser & Strauss, 1967). To help us "make sense" out of our observations, we returned to the literature, in particular to the work of Clarke-Stewart (1977) on mothering behaviors (see discussion section for elaboration). Over time our prior understandings of the experiences of infants, toddlers, and their caregivers in family day care were modified and new understandings emerged, as will be discussed.

METHOD

Phase I: Interviews With Providers

Participants. Sixty providers were selected from a sample of 150 providers who had previously participated in a telephone survey (Krause Eheart & Leavitt, 1986). The sample of 150 providers included 94% of all practicing, licensed family day care providers in a midwest university community (population 100,000). To capture the diversity among day care home providers, the sample of 60 was representative of the 150 providers with respect to race, income, and education. We telephoned each provider, reminded her that we had talked before on the telephone, and then asked if she would participate in an interview in her home. Participants were told that we wanted to know more about their views regarding their caregiving practices. Of the 60, 7 said they had no time, 6 had stopped caregiving, 5 were on vacation, 3 had no phone by which to be reached, 2 were not interested, and 6 gave no reason for refusing; 31 providers agreed to be interviewed. Demographic characteristics are presented in Table 1.

Interviews. The interview covered six major topics: parent–provider relationships, provider self-concept and motivation, provider training, day care home licensing, day care home funding, and providers' daily activities. All questions were open-ended and conversational. This paper focuses on providers' responses to the following questions: What do you see as your main responsibility to the children in your care? What kinds of experiences do you want the children to have while they are here? Can you describe a typical day?

Table 1. Characteristics of Providers Interviewed ($N = 31$)

Characteristics	Percentages
Age	
20–29 years	29
30–39 years	39
40+ years	32
Education	
<high school	26
high school	32
>high school	29
college graduate	13
Training	
Some	32
None	68
Years of experience	
<1 year	16
1–4 years	26
4–9 years	42
9+ years	16
Marital status	
With partner	74
Without partner	26
Race	
Nonwhite	29
White	71
Combined family income	
<$8,000	6
$8,000–$12,999	10
$13,000–$19,999	29
$20,000+	55
Number of children in care	
3–4	32
5–6	52
7–8	16
Ages of children in care[a]	
Under 12 months	55
Under 3 years	93
Older than 3 years	61

[a] Percentages do not total 100 because most providers cared for children in all three age ranges.

Before providers were interviewed, three pilot interviews were conducted and recorded. The interviewers (four, including the authors) then met as a group to listen to and discuss these pilot interviews. Each interviewer also familiarized herself with (1) the literature on conducting open-ended inter-

views (Denzin, 1978; Patton, 1980), (2) basic questions to be woven into the conversational interviews; and (3) the telephone survey data that each interviewee had previously provided.

One of the authors (Leavitt) conducted 70% of the interviews. The remaining interviews were conducted by the three researchers who participated in phase II of this study. The interviews took place in the providers' homes and ranged from 30 minutes to just over an hour. Each interview was tape-recorded and transcribed.

Phase II: Observations

Participants. The number of providers in the observational phase was limited to 6, partly because of the time-consuming nature of interpretive research. Our purpose was not to make generalizations about these 6 homes, but to describe ongoing experiences and generate preliminary understandings. We agree with Suransky (1982) that these homes "represent a slice of life of the national day care picture—but the issues, complexities and nuances of the children's lives played out in these settings may illuminate the larger day care landscape" (p. 54).

We attempted to select homes that were different from each other, yet demographically representative of the original sample of 150. We initially selected 12 homes that represented the range of providers' years of experience, education, race, training, and age.

These 12 providers were called (6 to 8 weeks after the in-depth interviews) to determine if they were still providing care and to determine the current number and ages of children in their care. We wanted providers who cared for a minimum of 4 children, at least 2 of whom were under the age of 3 years; 6 homes met this criterion. We then asked these providers if we could return to their homes to discuss another phase of our study. During this third visit we explained how each provider had been selected for this phase of our study, our reasons for this phase (that we wanted to know more about their day-to-day caregiving practices), and our observation procedures. All providers who were asked to participate agreed willingly. We also obtained consent from the parents of the children cared for in these homes. Demographics are presented in Tables 2 and 3.

Data Collection and Interpretation. Four researchers, including the two authors, were assigned to observe in either one or two homes. Over a 10-month period a minimum of 20, two-hour visits were made to each home. Times of the visits varied systematically to make possible a description of the entire day. We entered the homes as participant–observers, occasionally playing with or helping children, conversing with providers about their profession, and taking notes. Observation guidelines are presented in the appendix.

Table 2. Characteristics of Six Day Care Home Caregivers

Provider	Age	Race	Education	Training	Combined Family Income	Years of Experience	Marital Status
1	45	Black	11th grade	None	$20,000–30,000	4	Married
2	24	White	Assoc. degreee	A.D. in child care	$20,000–30,000	2	Married
3	28	White	High school	None	$20,000–30,000	5.5	Married
4	61	Black	<High school	None	20,000–30,000	3	Married
5	27	White	College grad	None	$13,000–19,999	1	Married
6	30	White	High school	None	$20,000–30,000	2.5	Married

Table 3. Characteristics of Children in Care

Characteristics	Home Number					
	1	2	3	4	5	6
Age						
Under 12 months	3	1	0	0	1	0
12-23 months	1	3	2	1	1	3
24-35 months	1	0	1	4	2	0
3-5 years	0	0	1	2	1	1
Older than 5 years	1	0	3	0	0	0
Sex						
Female	4	2	5	4	4	3
Male	2	2	2	3	1	1
Race						
Nonwhite	5	0	0	7	0	0
White	1	4	7	0	5	4
Totals	6	4	7(3)	7	5(2)	4(1)[a]

Note. This table reflects only those children being cared for in the providers home for more than 20 hours a week at the initiation of the study. These numbers changed throughout the year because of additional part-time and drop-in children. For example, in home number 4, as many as 21 children were observed more than once over the period of the study; in home number 2 14 children were on the roster at the beginning of the study, the majority of whom were part-time or drop-in.

[a] The numbers in parentheses refer to number of providers' own children within total number.

After each visit, the researcher recorded detailed descriptions of the visit, reconstructing and critically reflecting on the day's events in an attempt to provide what Geertz (1973) calls "thick descriptions." Included in this process was an attempt to incorporate the perspectives of both the children and

the caregivers. On average, recording procedures required twice as much time as did the observations.

Throughout the observational phase, collection and interpretation of descriptive data were ongoing and interrelated processes. In addition to each researcher's recording of her own reflections, the researchers shared their observations at weekly meetings. Visits to each other's assigned homes clarified impressions gained in weekly meetings. As Genishi (1982) writes, by seeking "out as many perceptions and interpretations as possible" (p. 584), we were able to minimize the potential for unreliability.

At first, each researcher viewed her own observations as isolated occurrences. Over time, similar incidents were repeatedly observed and discussed among the researchers. Questions, insights, and new understandings were noted as they emerged and applied to other observations. This application consisted of watching for the ways these phenomena appeared both within the same home and in different homes. This paper focuses specifically on the development of our understandings of how providers perceive and implement their caregiving practices.

INTENDED AND OBSERVED CAREGIVING PRACTICES

Providing Love and Attention

In phase I, 74% of the 31 providers saw one of their primary responsibilities to the children as, in the words of one provider, "Just basically keeping a home atmosphere." Most providers' responses stressed that this involved giving "a lot of attention and a lot of love." This attention was described as that which the parents would give at home. The providers saw themselves as second mothers: "[I am] responsible for [their] all-over emotional well-being—everything [a] mother is responsible for; I am their mother during the day." This sentiment was expressed repeatedly during interviews in phrases such as "what parents would do for their children at home" and "filling in as a mother or father would do."

Providing love and attention seemed to go hand in hand with ensuring children's happiness during the day, as both goals were often mentioned in the same sentence: "making sure they're loved, they're happy" or "to make sure they're individually happy and to give them as much individual attention as I can" or "a very loving atmosphere...I like kids to be happy." Thus from the interviews it appeared that providers intended to create a "home atmosphere," which to them meant providing parental love and the attention necessary for children's happiness.

Specific descriptions of the ways in which day care home providers create a homelike, loving, happy atmosphere for young children emerged during the observational phase. In the six homes, incidents of warm, affectionate interactions between the providers and the children were observed. The following field notes illustrate loving and attentive caregiving:

April (9 months) woke up from her nap and the caregiver went to get her. Elizabeth (24 months) and Andrea (27 months) followed. As she held April in her arms, smiling, the caregiver bent down so the older girls, also full of smiles, could kiss and hug the baby.

Bea (21 months) came in and the caregiver grinned broadly and picked her up and asked for some "sugar." Bea teasingly said "no" and the caregiver grabbed her playfully. The caregiver hugged her and held her for a while, fixing her clothes and talking to her. Bea got down and went to get her bottle from the kitchen. . . . She came back, crawled onto the caregiver's lap, and started drinking her bottle.

Nonnurturing Environment

Given how providers had stressed the importance of loving attention, we were surprised to observe recurring incidents reflecting a nonnurturing environment. For example, favoritism is illustrated in the following field notes:

Cindy (26 months) was 'feeding" her baby doll with a bottle. Ed (27 months) tried to take the bottle from her to feed his baby. The caregiver said, "Ed, you wait until Cindy is done feeding her baby and then you can have the bottle." Ed looked at the caregiver, waited a few minutes, and then took the bottle from Cindy while she was still playing with it. Cindy cried. The caregiver told her, "Ed can keep it because you weren't feeding your baby. You were just carrying it around to tease him. This time we'll do it his way instead of your way. OK?"

In this instance the caregiver interpreted Cindy's behavior as "teasing" and consequently advocated on Ed's behalf. The observer's interpretation was that the caregiver was showing favoritism towards Ed. This interpretation was based on the observation that Cindy was indeed playing with the bottle when it was taken from her and on repeated observations of the caregiver in other situations choosing to "do it Ed's way."

In another home, Marty, 8 months old, was left unacknowledged in his walker for about one and a half hours while the caregiver gave her attention to four little girls. In both of the above homes the caregivers seemed unaware of showing favoritism.

The following field note provides examples of neglect, lack of empathy, and threats of punishment:

The caregiver had seven children in her care, all under age four. Two of the children, Jessie (3 years) and Lani (24 months), were new. When I arrived at 9:00 a.m., Lani was sitting very quietly with tears in her eyes. The caregiver's dog walked into the front room and both Jessie and Lani started crying. The caregiver' made no effort to comfort them. Eventually they stopped crying but still looked distressed. Lani hugged a doll she had brought. It did not have clothes on, and she never dressed it. Around 10:00 the caregiver carried on a lengthy phone conversation. About 10:30 she turned the TV off and told the

> children to lie down on a blanket that was on the front room floor. Again Jessie and Lani cried. The caregiver went into the kitchen and remained there during the rest of the time I was there, except once when she came in with a switch and tapped one of the children a bit to remind him to lie quietly.

Other instances in which the caregivers were not attending to the children were noted frequently, including one home where the caregiver fell asleep for 15 minutes on the couch.

Other stressful incidents for the toddlers centered around toileting, as illustrated in the following two field notes:

> The caregiver told Sam (30 months), "You go to the bathroom and don't wet your pants." As he went off, she reminded him to pull his pants down. "You can do it by yourself." He came back and apparently had dirtied his pants. The caregiver spanked him and made him go back into the bathroom with her. She was yelling at him for getting his pants dirty. He came out with no pants on. The caregiver found another pair of pants and put them on him. She then put him in a crib and told him to "get to sleep!" She seemed angry with him and was not gentle at all.

> It was time for Vicki (24 months) and Emily (20 months) to go to the bathroom. Emily was carried by one arm, crying; Vicki followed. The caregiver closed the bathroom door and left them while she watched television for a few minutes. When she returned to the bathroom, she praised Emily and asked Vicki, "See how Emily is doing?" Minutes later Vicki, back in the play area, urinated on the floor. The caregiver said, "See, I had you on the potty. Didn't I tell you I'd spank you!?" She wiped the floor with a towel. She then spanked Vicki, who cried.

Play

In addition to offering love and attention, most providers in the interviews (phase I) said they ensured children's happiness by allowing them to play freely for a large part of the day. When asked to describe a typical day, they stressed that their days were "not real structured." One provider, describing children's play, said, "They just kinda run around and do what they please." Another said, "I let the kids do what they want to; all I do is watch 'em." Other providers were more specific, stating that children's play involved activities such as painting, puzzles, stories, walks, TV, and games. The following are typical of providers' descriptions of how play is woven around the daily routines of eating, sleeping, and household chores:

> Breakfast, outside for a walk or whatever, snack, then nap or quiet time with books or puzzles to start winding down for lunch, then lunch, nap, then whatever they want—run around, toys, backyard play.

> They'll just kinda run around and that's about it really, until lunch time. Then nap, snack, then run of the house—children do what they please until their parents arrive.

The availability of toys was another indication of the play experiences available to the children. Two homes consistently had toys and play materials available to the children. Two other homes also had toys, although not as many and not as readily accessible to the children. Two of the homes had very few, and sometimes no, toys available to children. In one of these homes, the provider insisted that the children bring their own toys. The impact of so few toys is illustrated in the following field note:

> The only toys out for the six children when I arrived were a plastic key ring and a few small plastic blocks. The TV was on very loud—it was a soap opera. The children ran back and forth between the living room and kitchen. There was a dispute over the three or four blocks available. Peggy (24 months) was told to wait until Susan (10 months) dropped one; then she could have it. Roberta (5 years) decided to make something with the blocks and took them away from Susan. The caregiver told her to give them back. She did and then easily took away the one block Rachael (16 months) had. Later the caregiver gave Peggy a plastic baggie of tiny legos for her alone. Roberta was very interested in Peggy's legos and offered to make something. She still wanted the blocks, too. When Susan went after the blocks, Roberts screamed "No!" slapping Susan's hand. The caregiver took the legos away from Roberta and told her to play with the blocks. Roberta didn't like the idea and the caregiver threatened her with a belt. She left the room and returned with the belt, not saying anything. Roberta looked intimidated. The caregiver told her to play with the blocks; the legos were for Peggy. Roberta pouted. She yelled and slapped other babies when they wanted the blocks.

The above incident illustrates the impact of an insufficient number of toys, as well as the lack of variety and appropriateness of play materials for the different ages of the children. This, combined with the adult's responses, created frustration and boredom for the children, left some toddlers with nothing to do but watch or become victimized, and created discipline problems for the provider.

All six providers sometimes tried to initiate play experiences for the children. They often were dissatisfied with these experiences. One caregiver's attempt is described below:

> The children were dancing to music. The caregiver decided to initiate a game of "Simon Says." She had Sally (4 years) and Stuart (28 months) stand in front of the book shelf. They did not understand the game and followed *all* her directions, whether "Simon" said to or not. The caregiver laughed and said, "You guys don't listen very well."

The provider's interpretation of this situation was that the children were not listening. She told the observer she was becoming frustrated trying to

keep the children entertained. She said she had been letting them watch more TV, even though she did not like it, because she had done everything she could think of to entertain them.

Summary

Overall, our field notes illustrate how play in these day care homes primarily was allowing children to "just kinda run around" and "do what they please." The provider's role was supervisory. While we did observe children happily playing and, to a much lesser extent, caregivers and children happily engaged in play together, five of the six caregivers rarely planned for or extended children's play.

All of the above field notes describe the variety of experiences children had in these six day care homes. Our observations reveal many discrepancies between providers' intended practices—to offer a homelike, play-filled environment that provides parental love and individual attention—and their actual practices.

It is important to note that, while we did not expect providers to consistently provide optimum environments for the children in their care, the excerpts from our field notes were not isolated incidents. They were carefully selected to reflect recurring themes that emerged during our participation in these homes. We do not know whether our findings apply to the larger family day-care picture. They do, however, suggest that the daily experiences of infants, toddlers, and providers in day care homes are much more complex and variable than previously reported (e.g., Stallings & Porter, 1980).

DISCUSSION

This two-phase interpretive study was designed to provide a comprehensive description of providers', infants', and toddlers' ongoing family day care experiences. The data, obtained through open-ended interviews and during 10 months of in-home participant observations, suggest that the loving, attentive, play-filled environment that providers intended to create for the children in their care was rarely realized. Packer (1985) writes that the hermeneutic approach "attends to discrepancies between intended and unintended consequences of action. What we intend when we act is often not what actually happens." (p. 1091). In the following section we offer possible explanations for some of the discrepancies between providers' intended and actual caregiving practices.

Differences in Interpretations

Reponses of the 31 providers (phase I) created a picture of children happily involved in play and of providers who were affectionate and providing indi-

vidual attention. What the providers told us their intentions were during the interviews is consistent with the literature on developmentally appropriate practices. How, then, can we account for the discrepancies between their intentions and our observations of their practices?

This gap between what is said to happen and what actually does happen in child care programs has often been observed (Almy, 1982). The National Day Care Home Study stated that no causal link has been established between expressed intentions and observable behavior (Singer, Fosburg, Goodson, & Smith, 1980). We suggest that discrepancies may be due to the differences in interpretations that providers and child development researchers have for various words, phrases, and behaviors. These differences in interpretations can be explained in part by basic premises of symbolic interactionism, which were developed by Blumer (1969) and which have become central to interpretive interactionism. According to these premises,

1. human beings act toward things on the basis of the meanings that the things have for them;
2. the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows; and
3. these meanings are handled in and modified through an interpretative process used by the person in dealing with the things he encounters (p. 2).

Providers in this study acquired their interpretations of caregiving practices primarily from behaviors of their own mothers and from interactions with family, friends, and neighbors, not from research articles, textbooks, or practica in model programs. When we asked providers during the interviews to describe specific experiences they had had that helped prepare them to be family day care providers, their answers ranged from "raising my own children," "babysitting," "come from a large family," to "had a course in family living in high school." No one belonged to a professional organization, and no one refered to any professional literature. A few said, "I read *Parents Magazine* sometimes."

As researchers, we derive the meanings for caregiving practices in much the same way as the providers do. But for us, these meanings have been modified by the research literature on mothering. Clarke-Stewart (1977), among others, has listed the kinds of maternal behaviors that form "optimal care" for children ages 6 months to 3 years. These behaviors include smiling, playing, talking to, and offering toys to children "approriately, effectively, nonrestrictively, and responsively." It is these kinds of behaviors that are most closely related to children's optimal development.

These maternal behaviors have been translated into the day care literature to suggest that providers be warm, sensitive, and responsive. This involves creating an environment that encourages child-initiated and child-directed activities appropriate to children's development and interests. The professional caregiver extends children's play by offering appropriate help, mate-

rials, or comments (NAEYC, 1986; Leavitt & Krause Eheart, 1985). While from the interviews it appeared that providers and researchers shared these views of appropriate caregiving practices, from our observations it appeared that this was not the case.

Group Composition

Another possible explanation for the discrepancies we observed between providers' intentions and practices is related to group composition. This includes group size, group continuity, and the relationship of the children to the provider.

In the six homes we observed, group size during any one day and from day to day varied from two children to as many as ten. The relationship between group size, mothering, and quality of care in family day care has been examined by Stith and Davis (1984), who found day care home providers to be inferior to the children's own mothers in "socially mediated stimulation, contingent responsiveness, positive affect, and overall level and variety of social stimulation" (p. 1340). They concluded that group size, which contributes to the competing demands among many children, interferes with providers' abilities to "mother" in the way the literature describes. Katz (1981) refers to this discrepancy as "scope of responsibility." She writes that mothers are primarily responsible for the welfare of one child, while teachers of young children are responsible for each child as well as for the group as a whole.

Throughout the duration of this study, not only did group size vary, but also the children in the group varied. Particular children in attendance changed throughout the year, partly because of additional part-time and drop-in children and partly because of family turnover. Even when the group size stayed constant, the group composition varied. In one home, for example, 21 children were observed more than once. In a second home, 14 children were on the roster at the beginning of the study. The result of varied group composition was that the number of children any one provider might have been responsible for over any period of time was much larger than the group size. As with group size, we suggest that this discontinuity may interfere with a providers' ability to "mother."

The fact that most of the children in care were unrelated to the providers also may have interfered with their abilities to "fill in as a mother or father would do" and to "make sure they're loved." In families, emotional bonds typically are very strong and enduring. As such, these bonds are generally unequaled in "professional" caregiver-child relationships. As a result, providers want to provide love and to be nurturing "as a mother would," but they do not feel this same love. Because providers' expectations of their emotional relationships to the children in their care is based on an understanding of a mother's relationship to her own child, discrepancies arise between their intended and felt emotions.

RECOMMENDATIONS

Training and Research

The differences in providers' interpretations of caregiving practices and the nature of group composition in family day care have implications for training and research. We suggest that, although well-intended, providers lack the training necessary to modify their interpretations of "mothering" for application to group care in their homes. The caregivers in this study did not have the skills and knowledge for connecting intentions with practices. For providers' intentions and practices to be consistent in the way the literature describes, training that begins with providers' interpretations of their own caregiving practices is necessary.

Also needed is research that continues to examine the effects of group size on caregiving practices and research that begins to examine discontinuity of children. A common understanding is that discontinuity of caregivers (e.g., caregiver turnover) is detrimental to children's development. Virtually unexplored is the effect that discontinuity of children in care has on caregivers' practices. Moreover, given providers' stated intentions to be substitute mothers, we need to examine the influences of training and group composition on providers' emotions. What expectations should providers have for the way they will feel towards the children in their care? Should they understand their feelings to be the same as those of mothers? What is the nature of affective relationships between providers and their day care children? These questions must be addressed before we can more fully understand the discrepancies between providers' intended and actual practices.

While not elaborated on in this paper, studies of family day care also need to include an understanding of providers within the larger historical and societal context. How is the provider's task made more difficult by the lack of status accorded to young children and to those who care for them? How is it made more difficult by the lack of public awareness regarding the challenges involved in meeting young children's needs in group care? There is minimal government support for child care, few if any legislated requirements for family day care training, and minimum wages for providers. The influence of these factors on how providers' interpret and implement their caregiving responsibilities cannot be underestimated.

IMPLICATIONS

In studying the practices of family day care providers, we must address the implications of these practices for children's development and for family day care licensing.

Children's Development

This study raises serious questions concerning children's experiences in family day care, specifically the constructions they are making of themselves

and their worlds. For the children, just as for the providers, meanings are formed in the context of social interactions. Consistent with Blumer, Power (1987) suggests that the child constructs the world "within the constraints of adult expectations, interpretations and understandings....[They] learn the appropriate routinized patterns of interactions and 'grow into' the life of the world around them." This study suggests that the world of family day care for some children may be one that is void of toys, where commands and demands are more prevalent than questions and comments, where negative affect is commonplace, where children repeatedly experience favoritism, and where the caregiver is emotionally uninvolved with the children. If these children experience, reflect on, and inevitably interpret this world (Packer, 1987), what constructions are they developing about themselves and their world as a result? This question deserves serious attention as research in family day care is pursued.

Licensing

Another question that must be addressed is: "What does being licensed imply in terms of caregiving practices?" All six homes in this study were licensed, but many of our field notes revealed violations of licensing standards. Most violations were related to group size and discipline. Standards in Illinois, for example, prohibit physical punishment, verbal abuse or threats, or punishment for toileting accidents. We do not know how widespread violations of licensing standards are, but clearly violations are occurring. We need more information on the frequency of violations, what standards are being violated, and what accounts for these violations. Acquiring this information necessitates attention to the relationships between providers' interpretations of licensing standards, provider characteristics (e.g., race, education), and adherence to licensing standards. (See Leavitt, 1987, for an elaboration of licensing issues related to this study.)

CONCLUSION

The influx of children under age three into family day care is occurring so rapidly that commonly accepted understandings of how family day care provider's practices shape the ongoing experiences of young children have not had time to emerge. Yet two reviews of the effects of child care on children's development conclude that it is the ongoing interactive experiences that are of principal importance in shaping young children's psychological growth (Belsky, 1984) and overall competence (Clarke-Stewart, 1977). Therefore, research that continues to provide an interpretive perspective of the ongoing experiences of family day care providers and of the infants and toddlers in their care is urgently needed.

We began this interpretive study wanting to develop understandings of the everyday caregiving practices in family day care. New understandings

emerged, and now, as Denzin (1984) writes, these understandings must be considered "provisional and incomplete, to begin anew when the investigator returns to the phenomenon" (p. 9).

REFERENCES

Ad Hoc Day Care Coalition. (1985). *The crisis in infant and toddler child care.* Washington, DC.

Almy, M. (1982). Day Care & Early Childhood Education. In E. Zigler and E. Gordon (Eds.), *Day Care: Scientific and Social Policy Issues* (pp. 476-496). Boston: Auburn House.

Belsky, J. (1984). Two waves of day care research: Developmental effects and conditions of quality. In R. Ainslie (Ed.), *The child and the day care setting: Qualitative variations and development* (pp. 1-34). New York: Praeger.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method.* Englewood Cliffs, NJ: Prentice-Hall.

Caldwell, B., & Freyer, M. (1982). Day care and early education. In B. Spodek (Ed.), *Handbook of research in early childhood education.* New York: Free Press.

Carew, J. (1980). Experience and the development of intelligence in young children at home and in day care. *Monographs of the Society for Research in Child Development, 45* (6-7, Serial No. 187). Chicago: University of Chicago Press.

Clarke-Stewart, A. (1977). *Child care in the family.* New York: Harcourt, Brace & Jovanovich.

Clarke-Stewart, A., & Fein, G. (1983). Early childhood programs. In M. Haith & J. Campos (Eds.), *Handbook of child psychology: Vol. 2. Infancy and developmental psychology.* New York: Wiley.

Clarke-Stewart, A., & Gruber, C.P. (1984). Day care forms and features. In R. Ainslie (Ed.), *The child and the day care setting: Qualitative variations and development* (pp. 35-62). New York: Praeger.

Denzin, N.K. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed). New York: McGraw Hill.

Denzin, N. (1984). *On understanding emotion.* San Francisco: Jossey-Bass.

Denzin, N. (1988). *Interpretive interactionism.* Beverly Hills, CA: Sage.

Divine-Hawkins, P. (1981). *Family day care in the United States: Executive summary.* Final Report of the National Day Care Home Study. Washington, DC: Department of Health and Human Services.

Emlen, A. (1980). Family day care for children under three. In J. Colbert (Ed.), *Home day care: A perspective* (pp. 1-10). Chicago: Roosevelt University College of Education.

Espinosa, L. (1980). *An ecological study of family day care.* Unpublished doctoral dissertation, University of Chicago.

Fosburg, S. (1981). *Family day care in the United States: Summary of findings.* Final Report of the National Day Care Home Study. Washington, DC: Department of Health and Human Services.

Geertz, C. (1973). *The interpretation of cultures: Selected essays.* New York: Basic Books.

Genishi, C. (1982). Observational research methods in early childhood education. In B. Spodek (Ed.), *Handbook of research in early childhood education* (pp. 564-591). New York: Free Press.

Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Chicago: Aldine.

Katz, L. (1981). Mothering and teaching: Some significant distinctions. *Current Issues in Early Childhood Education 2,* Norwood, NJ: Ablex.

Krause Eheart, B., & Leavitt, R. (1986). Training day care home providers: Implications for policy and research. *Early Childhood Research Quarterly, 1*(2), 119-132.

Leavitt, R. (1987). *Resolving difficult issues: Day care home licensing.* Paper presented at the annual conference of the Chicago Association for the Education of Young Children.

Leavitt, R., & Krause Eheart, B. (1985). *Toddler day care: A guide to responsive caregiving.* Lexington, MA: D.C. Heath.

National Association for the Education of Young Children. (1986). NAEYC position statement on developmentally appropriate practice in programs for 4- and 5-year-olds. *Young Children, 41,* 3-20.

Packer, M. (1985). Hermeneutic inquiry in the study of human conduct. *American Psychologist, 40*(10), 1081-1093.

Packer, M. (1987). *Interpretive research and social development in developmental psychology.* Paper presented at the biennial meeting of the Society for Research in Child Development, Baltimore.

Patton, M.Q. (1980). *Qualitative evaluation methods.* Beverly Hills, CA: Sage.

Power, M.B. (1987, May). *Interpretive interactionism and early childhood socialization.* Paper presented at the Stone Society for the Study of Symbolic Interaction Symposium, Urbana, IL.

Singer, J., Fosburg, S., Goodson, B., & Smith, J. (1980). *Final report of the national day care home study: Vol. 2. Family day care in the United States: A research report.* Cambridge, MA: ABT Associates.

Stallings, J., & Porter, A. (1980). *Final report of the national day care home study: Vol. 3. Family day care in the United States: Observation component.* Cambridge, MA: ABT Associates.

Stith, S., & Davis, A. (1984). Employed mothers and family day care substitute caregivers: A comparative analysis of infant care. *Child Development, 55,* 1340-1348.

Suransky, V.P. (1982). *The erosion of childhood.* Chicago: University of Chicago Press.

Tucker, S. (1980). A review of research on home day care. In J. Colbert (Ed.), *Home day care: A perspective* (pp. 23-33). Chicago: Roosevelt University.

APPENDIX

Observation Guidelines

Physical environment:	toys/materials available arrangement of space for playing, sleeping, eating, etc.	
Interactions:	provider/children provider/her family provider/parents children/children children/parents children/family observer and above	setting and objects tone content message (language) feeling interpretation comprehension gestures expressions rules
Children:	play—with what or whom, how? names, ages, and sex of each routines	

Schedule:	routines
	play time
	arrivals and departures
	bathroom/diaper
	meals
	naps
	TV
Other:	safety/health/nutrition
	food preparation
	sanitation
	number of adults and children at different times